FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB Number:	3235-0076 April 30, 2008
Expires:	April 30, 2008
Estimated average burden hours per re	sponse 16.00



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE	ONLY	
Prefix			Serial
	1	1	
	DATE RE	CEIVED	••

Name of Offering (check if this is an amendment an	d name has changed, and in	idicate chang	e.)
Membership Interest in Limited Liability Compa	any		
Filing Under (check box(es) that apply): Rule	504 □ Rule 505	■ Rule	506 ☐ Section 4(6) ☐ ULOE
	endment		
″ А. В	BASIC IDENTIFICATION	NDATA ·	1
Enter the information requested about the issuer			
Name of Issuer (check if this is an amendment and r	name has changed, and indi-	cate change.)	
Crossing Paths Films, LLC		_	
Address of Executive Offices (Number and Street, City, S	tate, Zip Code)		Telephone Number (Including Area Code)
13696 Sunrise Drive, Bainbridge Island, WA 98110)		(206) 842-2743
Address of Principal Business Operations (Number and Gif different from Executive Offices)	reet, City, State, Zip Code)	,	Telephone Number (Including Area Code)
(if different from Executive Offices)	THE CD S.E.C.	ļ	PROCESS
same			same PROCESSED
Brief Description of Business	JUL - 3 2007		114.00
Film production and sales	2007		JUL 0 9 2007 E
Type of Business Organization	1000	<u> </u>	
□ corporation □ limited partnership, alrea	adv formed	her (nlease si	THOMSON pecify): Limited liability INTANCIAL
☐ business trust ☐ limited partnership, to be	e formed	ner (prease s	MANCIAI
a milited paraleloning to or	Month Yea		
Actual or Estimated Date of Incorporation or Organization			al 🗆 Estimated
Jurisdiction of Incorporation or Organization: (Enter two-			
	-letter U.S. Fostal Service at Canada: FN for foreign juris		W A

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following:
•
 Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply:
Full name (Last name first, if individual)
Oliver, Charles
Business or Residence Address (Number and Street, City, State, Zip Code)
13696 Sunrise Drive, Bainbridge Island, WA 98110
Check Box(es) that Apply:
Full name (Last name first, if individual) Oliver, Ryan
Business or Residence Address (Number and Street, City, State, Zip Code)
21501 East Portland Place, Aurora, CO 80016
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full name (Last name first, if individual)
Dividend Investors Limited
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Richard Oliver, 5464 Quail Way, Carmel, CA 93923
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full name (Last name first, if individual)
JNAB, LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Mike Murray, 20210 NE 85 th Street, Redmond, WA 98053
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
business of residence reduces (reunion and succe, only, state, sup-code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Director ☐ General and/or Managing Partner

☐ Beneficial Owner ☐ Executive Officer

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Full name (Last name first, if individual)

				B. 17	NFORMAT	ION ABO	UT OFFE	RING				
			_						_		Yes	No
1. Has t	the issuer sol	d, or does t						-			🗖	X
3 Wha	e da elementada				dix, Columi	_					\$2.5.00	١٨
2. Wha	i is the minin	num invesu	ment that wi	n be accept	ieu irom any	y individual	<i>i</i>	***************************************	•••••		323,00)
											Yes	No
										directly, any e offering. If		
										vith a state or		
states	s, list the na	me of the b	oroker or de	aler. If mo	ore than five	e (5) persor	ns to be list			ons of such a		
	er or dealer,			formation	for that brok	ter or dealer	only.					<u> </u>
Full nam	e (Last name	tirst, if ind	lividual)									
Rusiness	or Residenc	e Address (Number and	Street Cit	v State Zir	Code)						
Dusiness	or Residence	c Addiess (Number and	i Succi, Cit	y, State, Zij	(Code)						
Name of	Associated I	Broker or D	ealer									
	Which Perso											
				•								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full nam	e (Last name	first, if ind	lividual)							-		
Business	or Residenc	e Address (Number and	Street, Cit	y, State, Zip	Code)						
		~ · · · ·				·	·					
Name of	Associated I	Broker or D	ealer									
States in	Which Perso	n Listed H	as Solicited	or Intends t	o Solicit Pu	rchasers						
												All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	() [VT]	[VA]	[WA]	[WV]	[WI]	[WY]	. , [PR]
	e (Last name			()	[0.1]		····			[]	1	1
run nam	e (Last name	THISE, II IIIC	iividuar)									
Business	or Residence	e Address (Number and	Street, Cit	y, State, Zir	Code)				<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		`				,						
Name of	Associated F	Broker or D	ealer									
States in	Which Perso	yn Listad II	ne Coliniana	or Intended	o Colinia D.	raheass			· -			
	ck "All State										п	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
IRII	ISC1	ISDI	ITNI	[TX]	(LIT)	IVT	IVAI	(WA)	[UV]	(WII	IWY1	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

so bo	the aggregate offering price of securities included in this offering and the total amount already old. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this \Box and indicate in the columns below the amounts of the securities offered for exchange and ready exchanged.				
	ype of Security		Aggregate Offering Price	An	nount Already Sold
D	ebt	\$		\$	
Ec	quity	\$		\$	
	☐ Common ☐ Preferred				
Co	onvertible Securities (including warrants)	\$		\$	
Pa	artnership Interests	\$		\$	
O	ther (Specify Membership Interest in Limited Liability Company)	\$	2,350,000	\$	2,285,000
	Total	\$	2,350,000	\$	2,285,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
of th	nter the number of accredited and non-accredited investors who have purchased securities in this fering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate e number of persons who have purchased securities and the aggregate dollar amount of their archases on the total lines. Enter "0" if answer is "none" or "zero."				Annuarta
			Number Investors		Aggregate ollar Amount of Purchasers
A	ccredited Investors	_	30	\$	2,285,000
N	on-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			\$	
so	this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the set sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			_	
	ype of offering		Type of Security		ollar Amount Sold
	ule 505			\$	
	egulation A	_		\$	
Ri	ule 504			\$	
	Total	_		<u>\$</u>	
se in kr	Furnish a statement of all expenses in connection with the issuance and distribution of the curities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The formation may be given as subject to future contingencies. If the amount of an expenditure is not nown, furnish an estimate and check the box to the left of the estimate.				
Tı	ransfer Agent's Fees			\$	
Pr	inting and Engraving Costs			\$	
L	gal Fees		×	\$	5,000
A	ccounting Fees			\$	
Eı	ngineering Fees			<u>\$</u>	
c.					
38	ales Commissions (specify finders' fees separately)			\$	
	ales Commissions (specify finders' fees separately)			<u>\$</u>	

	C. OFFERING PR	ICE, NUMBER OF INVES	TORS, EXPENSES AND	USE	OF PROCEED	S	•
	b. Enter the difference between the Question I and total expenses furnishe the "adjusted gross proceeds to the issue	d in response to Part C - Que	estion 4.a. This difference	is		\$	2,345,000
5.	Indicate below the amount of the adjust for each of the purposes shown. If the and check the box to the left of the e adjusted gross proceeds to the issuer se	amount for any purpose is no stimate. The total of the pay	ot known, furnish an estima ments listed must equal t	ate			
					Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees				\$	_ 🗆	\$
	Purchase of real estate	•••••			\$		\$
	Purchase, rental or leasing and installat	on of machinery and equipme	nt		\$		\$
	Construction or leasing of plant buildin	gs and facilities			\$		\$
	Acquisition of other businesses (includ may be used in exchange for the assets				\$		S
	Repayment of indebtedness				\$ \$		\$
	Working capital				\$	 	\$ 2,345,000
Otl	ner (specify):				-		\$
	Column totals				\$		\$
To	tal Payments Listed (column totals added		***************************************			- ×	\$ 2,345,000
		D. FEDERAL	SIGNATURE				
sig	e issuer has duly caused this notice to be nature constitutes an undertaking by the ormation furnished by the issuer to any n	ssuer to furnish to the U.S. Se	curities and Exchange Con	nmis:	sion, upon writte		
	uer (Print or Type)	Signature		Date	1 -1		
	ossing Paths Films, LLC me of Signer (Print or Type)	Tal	Termin	5	120107		
	arles Oliver	Title of Signer (Print or Manager	(ypc)				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes □	No ⊭

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understand that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Crossing Paths Films, LLC	Signatur	Date 5/22/07
Name of Signer (Print or Type)	Title of Signer (Print or Type)	7
Charles Oliver	Manager	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 3				5				
	to non-a investor	ed to sell ccredited s in State l-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Interest in Limited Liability Company	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		х	\$25,000	1	\$25,000	0	0		X
AR								·	
CA		X	\$1,260,000	10	\$1,260,000	0	0		Х
СО		Х	\$50,000	2	\$50,000	0	0		Х
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
ΙA									
KS									
KY									
LA									
ME									
MD									
MA		Х	\$25,000	1	\$25,000	0	0		Х
МІ									
MN		-							
MS									
МО		Х	\$100,000	1	\$100.000	0	0		Х
МТ								·	

APPENDIX

1		2	3		5				
	to non-a	ed to sell accredited is in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Interest in Limited Liability Company	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NE							· · · · · · · · · · · · · · · · · · ·		
NV									
NH									
NJ									
NM				·					
NY		X	\$75,000	2	\$75,000	0	0		Х
NC									
ND				_			h-		
ОН									
OK									
OR								1	
PA							· ·-·		
RI								ļ	
SC		ļ							
SD		ļ						ļ <u> </u>	
TN								 	ļ
TX					<u></u>		<u>.</u>		
UT		X	\$375,000	4	\$375,000	0	0		X
VT									
VA WA		v	\$275,000		\$275 AAA	0	0	-	X
WV		X	\$375,000	9	\$375,000	0	· ·		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
WI						+		 	
WY						+		 	
PR	ļ					+			
PR					· · · · ·				

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K&L|GATES

Kirkpatrick & Lockhart Preston Gates Ellis LLP
925 Fourth Avenue
Suite 2900
Seattle, WA 98104-1158

206.6267580 www.klgates.com
RECFIVED Communications
2007

May 23, 2007

VIA FEDERAL EXPRESS

U.S. Securities and Exchange Commission 450 Fifth Street, N.W. Washington, D.C. 20549

Re: Crossing Paths Films, LLC – Amendment to Form D for Membership Interest

Ladies and Gentlemen:

Enclosed for filing on behalf of Crossing Paths Films, LLC is one originally executed Amendment to the Form D, Notice of Sale of Securities and four photocopies thereof. The original Form D was mailed December 30, 2005, and was file-stamped by your office January 3, 2005.

Please stamp the enclosed copy of this letter with the date of receipt and return it to the undersigned in the envelope provided.

Please contact me if you have any questions or require additional information regarding this matter.

Very truly yours,

Dorothy A. Nelson

Paralegal

DAN:dn

cc: Matthew S. Topham

Charles Oliver

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